REPORTING FORM FOR THE TRIP INTERVIEW PROGRAM (TIP)

Next Row is for Data Entry Personnel Use Only

PC Data Entry by:		Date:		Batch		Interview #:	

SECTION I

Interview Number										
Fishery Codes	CP	RF	OP		IN	ML	BF	EG	MX	SL
Trip Type	030	100	200	300	400	600	675	676	735	900

Agent Code or Name		OR	

Date of Interview				
	Month	Day	Year	

Reporting Area of Landings			
	Reporting State	Reporting County	Reporting Area Zipcode

Sampling Site			
	State	County	Zipcode	Sampling Location Code (Dealer or MRFSS)

Start / End Date of Trip						
	Start Month	Start Day	Start Year	End Month	End Day	End Year

Information Source	SR	LB	CI	SS	SI	OD	SO
	Sales Records	Logs		Site Sampling	Recs and Int	Observer Data	Recs and Observ

Fishing Mode	CM	CP	HB	PR	TR	SS
	Commercial	Charter/Party	Head Boat	Private Rec	Torunament	Scientific Survey

Time of Data Collection -24hr	Begin	:	End	:	
		Hour	Minutes	Hour	Minutes	

Bias Type	NB	SB	EB	SE	NI	
	No Bias	Size Bias	Effort Bias	Size & Effort	No Information	

Interview Type	FS	DS	TS	AT
	Fisherman Sample	Dealer Sample	Trip Survey	Angler Trip

Landings Type	CL	IL	NL	NF
	Complete Landings (weight)	Incomplete Landings	No Landings	No Fish Caught

Crew Size		(The number of crew including the captain)

Total Effort	_ _ _ . _	_ _ _ . _	UK	NR	WR	EQ	NF	SA	WI	OB	QR
	Days Out	Days Fished				Termination Code					

Vessel Information			
	Vessel ID	Vessel Length (feet)	Vessel Name

SECTION II

Gear Information				Effort / Location		
Code	**Number**	**Quantity**	**Other**	**Soak Time (Hours)**	**Area Fished**	**Depth Range (Fathoms)**
_ _ _	_ _ _ _ _	_ _ _ _ _	_ _ _ . _ _	_ _ _ _ _ . _	_ _ _ _ _ . _	_ _ _ . _ / _ _ _ . _
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